BURGH OF PAISLEY

REPORT

BY THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

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Public Health Department,
20 Back Sneddon Street,
PAISLEY.

June, 1955.

TO THE PROVOST, MAGISTRATES AND COUNCILLORS OF THE BURGH OF PAISLEY.

Miss Leishman and Gentlemen,

I have the honour to submit the Annual Report of the Medical Officer of Health of the Burgh of Paisley for 1954.

In general the health of the community, in as far as it can be assessed by statistics, was satisfactory. The general death rate, the infant mortality rate and the still-birth rate were the second lowest on record for the Burgh. Each of these was up on the corresponding rate for 1953 but in retrospect the 1953 figures would appear to have been abnormal or at least, statistically, unexpected in that the 1954 figures conform more to the general pattern of the post-war downward trend. However, the 1953 figures can be achieved again and I have no doubt that they will, in fact, be bettered. In considering other statistics, for example, maternal mortality and infectious diseases death rate (excluding tuberculosis) we again equalled the lowest on record. In the case of maternal mortality we will have improvement on this figure only if in the future, we have no deaths in childbirth and conditions associated with pregnancy.

With regard to Tuberculosis which has exercised the mind of the Council for many years, it is heartening to be able to report further improvement. The death rate was the lowest on record and the number of new cases discovered again decreased. On the clinical side my colleagues report a change in the type of disease coming under care. Whereas in the dark days, immediately after the war, the bulk of new cases had severe and extensive disease and had to wait for long periods for admission to sanatorium, now more and more cases of early treatable disease are being discovered. This, coupled with more rapid admission to sanatorium and improved methods of treatment has brought great hope to the sufferer and no less to those concerned with the problem of control of the disease.

If I were asked to pin-point the outstanding feature of the year I would undoubtedly refer to our position regarding Diphtheria. We had our first calendar year when not a single case of the disease occurred. The success which has attended immunisation has been the subject of statement from the Council Chambers and in these Reports over and over again, but the maintenance of the progress achieved is not entirely in the hands of the Councillors or the doctors or the nurses but in those of every parent or guardian. Unless the desire to protect is there and the child is taken to the place where the facilities are freely available or permission is given to the family doctor to carry out the procedure, everything else goes for naught. Immunisation cannot, and must not stop, because we have reached a momentary happy position. The balance between community protection and infection is very delicate, and decline in the former can allow a rise in the latter, and from our

experience in Paisley we can say that it is the unprotected child who will suffer in such an event. Despite our success fewer children in their first year of life are being protected each year and I would urge all who may read this to take every opportunity offered to them to emphasise the need to continue with immunisation and to have it done at the appropriate time after birth. At a conservative estimate I would say that the introduction of Diphtheria Immunisation in 1941, has, in the 13 years which have elapsed, spared 2,000 of our children from the upsetting experience of admission to hospital, saved the lives of 150 of these and prevented a considerable number of those surviving from a disability which would be theirs now and for the rest of their life.

In departing from consideration of statistics I should like to make one point. There are very few, if any, of the Local Authority's Services which do not in some way contribute materially to the health of the community, and although this is the Report of the Medical Officer of Health I do not claim that the progress recorded is due solely to the work of the Public Health Department. The personal, environmental and welfare services are basic but there are many others which play a part of considerable magnitude and in continuing to do so they will contribute to the wider concept of health which is not just freedom from illness and physical disability but complete physical, mental and social well-being. I would, therefore, most sincerely thank my colleagues in the Sanitary, Welfare, Children and other Departments of the Corporation, and also the other branches of the Health Service, particularly the Board of Management for Paisley and District Hospitals, the Renfrew County Executive Council and the general medical practitioners for their great assistance to me during the year.

All the work recorded in this Report would not have been possible without a progressive outlook by the Town Council and an intense desire to provide the best possible services for the community and I have to thank the members of the Health Committee, and in particular the Convener and his Depute, for their guidance and interest.

As for my own Staff, I present the Report as a record and assessment of their work and acknowledge most sincerely their good work and ever ready help.

I remain,

Miss Leishman and Gentlemen,

Your obedient Servant,

Thomas J. Bennie.

CONTENTS

STATISTICAL APPENDIX

VITAL STATISTICS

POPULATION

The population of the Burgh as estimated by the Registrar-General at 30th June 1954 was 94,530 being an increase of 96 from the mid-year estimate of 94,434 for 1953.

This estimated figure gives a population density of 14.84 per acre of the Burgh.

'SOME FACTS FROM THE CENSUS OF 1951'

During 1954, the Registrar-General issued Part 27 of Volume 1 of his 'Report on the Fifteenth Census of Scotland'. This deals with the County of Renfrew and contains much interesting and useful information about the Burgh of Paisley. While criticism is sometimes made of the delay which arises in obtaining such detailed figures, there is no doubt that the Report is a valuable document from which general inferences can be drawn long after the year of the Census is passed and these can be used over and over again in establishing population and age grouping trends and in planning community services.

The Census Report is therefore valuable as a source of reference and the following are some facts culled from it and related to population.

1. The population enumerated in the Burgh at midnight on 8th April 1951 was 93,711 (44,016 males and 49,695 females).

2. Of this total 663, although enumerated, had residence elsewhere in Scotland and from other areas in Scotland there were 981 who were enumerated outside the Burgh although having residence in it.

   This gives an excess difference of 318 or 3.4 per 1,000 enumerated.

3. Confining consideration to the number enumerated we find that there was a 6.0% increase in population over the 1931 Census figure. In 1946 and 1947 the Burgh boundaries were extended and the population increase is based on the assumption that the extent of the Burgh was the same in 1951 as in 1931.

4. The natural increase of the population of the Burgh, *i.e.*, excess of births over deaths, between 1931 and 1951 was 11,359. The increase in the resident population of the Burgh over the same period was no more than 4,656. There was therefore a loss of population from the Burgh amounting to 6,703 in the balance of outward over inward movement of population. But for the loss in this way the population of the Burgh would have exceeded 100,000 at the 1951 Census.

5. The enumerated total population was 93,711 of which 44,016 were males and 49,695 were females. This gives the sexes as 46.9% and 53.1% of the total respectively. The percentages for the whole County were 47.3% and 52.7%.

6. This dominance of the female sex did not occur in all age groups, but with the exception of the age groups 1-4 years and 10-14 years, it did so.

7. The age-grouping of the population was as follows:-

			County
Under 1 year	1,589 or 1.6%)	9.2%	9.3%
1 - 4 years	7,068 or 7.6%)		
5 - 14 years	14,610 or 15.6%		15.9%
15 - 19 years	6,510 or 6.9%)		
20 - 29 years	13,622 or 14.6%)		
30 - 39 years	13,634 or 14.6%)	66.1%	65.5%
40 - 49 years	13,382 or 14.2%)		
50 - 59 years	10,592 or 11.3%)		
60 - 64 years	4,221 or 4.5%)		
65 years and over	8,449 or 9.1%		9.3%

BIRTHS

Live-Births -

The total number of live-births during 1954, corrected for 'transfers' was 1,670 (838 males and 832 females) of which 60 or 3.6% were illegitimate births. This figure gives a birth rate of 17.7 per 1,000 of the population, compared with a rate of 17.5 in 1953.

The following table shows the birth rate for Paisley, compared with that for the Large Burghs and all Scotland, for the post war years to 1954.

		Live-Births	
		Rate per 1,000 of population	
Year	Paisley	Large Burghs	Scotland
1946	20.0	24.7	20.3
1947	22.5	22.6	22.0
1948	18.9	19.6	19.4
1949	18.5	18.5	18.5
1950	17.4	17.8	17.9
1951	17.1	17.8	17.7
1952	17.0	18.4	17.7
1953	17.5	18.6	17.8
1954	17.7	18.9	18.0

The natural increase for the year, i.e., the excess of births over deaths was 601 compared with 631 in 1953. In 1938 the natural increase was 611.

Still-Births -

The number of still-births, after correction for 'transfer' was 44, giving a rate of 26 per 1,000 births compared with a rate of 22 in 1953. The rate for 1954 is the second lowest recorded for the Burgh since registration of still-births was introduced on 1st January 1939.

The following table shows the still-birth rate for Paisley, compared with that for the Large Burghs and all Scotland, for the post war years to 1954.

Still-Births

Rate per 1,000 of all births

Year	Paisley	Large Burghs	Scotland
1946	32	35	32
1947	37	30	31
1948	32	30	29
1949	28	28	27
1950	33	28	27
1951	31	27	27
1952	28	28	26
1953	22	27	25
1954	26	26	25

MARRIAGES

During 1954 there were 871 marriages within the Burgh. This is equivalent to a rate of 9.2 per 1,000 of population.

For comparative purposes the following table is submitted:-

Year	Number	Rate per 1,000 of population
1946	876	9.6
1947	942	9.8
1948	927	9.6
1949	841	8.7
1950	817	8.4
1951	887	9.5
1952	807	8.5
1953	821	8.6
1954	871	9.2

DEATHS

General -

There were 1,069 deaths, (573 males and 496 females) from all causes during 1954 compared with 1,022 deaths (503 males and 519 females) in 1953. The death rate for 1954 was 11.3 per 1,000 of population - the second lowest ever recorded for the Burgh. The death rate in 1954 for the Large Burghs was 11.8 and for all Scotland 12.0.

The total number of deaths and the death rate for Paisley, and a comparison with the rate for the Large Burghs and all Scotland, for each of the years 1946 to 1954 are given in the following table.

Year	Deaths Number	Rate per 1,000 of population Paisley	Large Burghs	Scotland
1946	1,175	12.9	13.4	13.1
1947	1,235	12.8	13.2	12.9
1948	1,161	12.1	12.0	11.8
1949	1,158	12.0	12.5	12.3
1950	1,175	12.1	12.5	12.4
1951	1,195	12.7	13.0	12.9
1952	1,127	11.9	11.5	12.0
1953	1,022	10.8	11.0	11.5
1954	1,069	11.3	11.8	12.0

An analysis of the deaths during 1954 showing causes and age distribution, is contained in Tables 2 and 3 of the Statistical Appendix to this Report.

Maternal -

In Paisley in 1954 there was one death from causes related to pregnancy and childbirth, compared with two deaths in 1953. This figure for 1954 gives a maternal mortality rate of 0.58 per 1,000 total births and is the same as the lowest ever recorded for the Burgh in 1952. This figure compares with a rate of 1.18 for the Burgh in 1953 and, for Scotland as a whole, in 1954 of 0.7.

Infant and Neonatal -

During 1954 there were 69 deaths among children under 1 year of age as compared with 49 deaths in 1953. The infant mortality rate for the year was 41 per 1,000 live births and compares with the rate of 31 for Scotland, as a whole, and 33 for the Large Burghs during the same period. This is the second lowest rate ever recorded for the Burgh.

A detailed study of the deaths in this period of life reveals the following facts:-

1. That the certified causes of death were as follows:-

	0 - 4 weeks	4 weeks - 12 months	Total
Prematurity	18	1	19
Pneumonia	4	10	14
Atelectasis	5	-	5
Asphyxia	3	1	4
Measles	-	1	1
Congenital Heart Disease ...	2	-	2
Other congenital abnormality	5	4	9
Haemorrhagic Disease of the Newborn	2	-	2
Intracranial haemorrhage ...	4	-	4
Convulsions	-	1	1
Gastro-enteritis	-	3	3
Immature	5	-	5
Total	*48*	*21*	*69*

2. That 69.5% of deaths occurred in the neonatal period, i.e., the first four weeks of life.

3. That, in a broad classification,

27 5%	of the deaths	were due to	prematurity.
26.0%	do.	do.	infection.
16.0%	do.	do.	congenital abnormalities.
25.0%	do.	do.	conditions peculiar to the newborn and infants.
5.5%	do.	do.	asphyxia.

The above analysis of the infant deaths for 1954 shows that the same factors in infant deaths continue to operate and that in a broad classification of the deaths each category preserves the percentage which it has shown over the past few years.

It is necessary therefore for all working in the Health Service and administering it, to develop their field of work so that the best possible ante-natal care and advice and the fullest range of obstetric facilities and techniques are available to all expectant mothers and that all measures are taken to deal with the premature baby and to prevent the spread of infection among infants.

CONTROL OF INFECTIOUS DISEASES

GENERAL -

During 1954, 1,864 cases of infectious disease came to the notice of the Public Health Department. This was a decrease of 173 on the 1953 figure of 2,037.

Such cases become known through statutory notification by general medical practitioners and hospital medical officers and by information supplied by schools and by Health Visitors.

The total number of cases of the compulsorily notifiable diseases was 927 and, of what may be termed non-notifiable diseases 937.

SPECIFIC DISEASES -

CEREBRO SPINAL FEVER -

Seven cases of this disease were notified in 1954 compared with six cases notified in 1953. There was one death.

DIPHTHERIA -

For the first calendar year on record no cases of this disease were confirmed within the Burgh. The trend of this disease is fully analysed in another section of this Report which deals with 'Vaccination and Immunisation'.

DYSENTERY -

In 1954 there were 107 notifications of this disease, all of the Sonne type, as compared with 126 notifications during 1953.

There is no doubt that this disease is now endemic for the whole country and its control is a problem which faces all workers in the field of preventive medicine. Fortunately the illness created by this infection is mild and this, coupled with the fact that of the notifications in this area 70% were for children under 5 years of age, 20% were for children 5 to 15 years and only 10% were for persons over that age, would lead to the assumption that there are probably many adults who become infected and suffer mild symptoms but treat themselves or ignore the illness and suffer little inconvenience.

Examination of adult contacts of children who have been diagnosed as suffering from Sonne Dysentery and attending Nurseries would indicate that there is a high carrier rate in the community, as about 75% of those persons found harbouring the germ had no symptoms of the disease whatsoever.

There is one method of control which at present seems feasible and it is one which devolves on every member of the community. It is scrupulous personal cleanliness of hands at all reasonable times and particularly before preparing or partaking of meals. If this simple but basic fact in prevention of bowel infection was grasped by all and practised, there would be a striking fall in the incidence of such diseases.

There were no deaths from Dysentery during the year.

ERYSIPELAS -

There were seven notifications of this disease during the year compared with twelve notifications in 1953. There were no deaths.

OPHTHALMIA NEOATORUM -

This condition is defined as 'a purulent discharge from the eyes commencing within twenty-one days from the date of birth'. This condition was responsible in the past for a large proportion of the cases of blindness which occurred but the incidence has decreased due to the greater care exercised by doctors and midwives at the time when an infant is born and to the more effective ante-natal care and treatment of venereal disease in the mother before confinement and of infection of the eye in the baby.

Seventeen cases of ophthalmia were notified in 1954 compared with four cases in 1953. There were no notifications of blindness due to this condition during the year.

PNEUMONIA - ACUTE PRIMARY -

During the year 208 cases of this disease were notified as against 221 cases notified in 1953. There were 30 deaths during the year as against 31 deaths in 1953.

PUERPERAL FEVER AND PYREXIA -

During 1954 one case of puerperal fever and two cases of pyrexia were notified, as against one case of fever notified in 1953. There were no deaths.

POLIOMYELITIS -

Fifteen cases of this disease were notified and confirmed during the year. There were no deaths in the notified cases.

SCARLET FEVER -

The notifications of this disease during the year were 240 compared with 181 notifications in 1953. There were no deaths.

TUBERCULOSIS -

Of the respiratory type of the disease 119 cases were notified during 1954 compared with 129 cases notified in 1953. There were 23 deaths during the year which figure compares with 30 deaths the previous year.

There were 17 notifications, the same as the year before, of the non-respiratory type of the disease and two deaths compared with three deaths in 1953.

The incidence of this disease is fully analysed in Tables 5, 6, 7 and 8 of the Statistical Appendix to this Report and the subject of Tuberculosis is commented upon more fully in the subsequent section which deals with 'Prevention of Illness, Care and After-care'.

TYPHOID FEVER -

No cases were notified during the year as compared with two cases in 1953.

WHOOPING COUGH -

During 1954, 146 cases were notified as against 331 cases notified in 1953. There were no deaths.

The incidence of notifiable and non-notifiable Infectious Diseases by age groups is given in Table 4 of the Statistical Appendix.

VENEREAL DISEASES -

The investigation and treatment of these diseases is carried out at the Special Treatment Centre, Royal Alexandra Infirmary Annexe. Their incidence during 1954 can be gauged from an analysis of the new cases coming to the centre during the year and this is done in Table 9 of the Statistical Appendix.

The trend of the various venereal diseases is shown in the following figures:-

	Syphilis		Gonorrhoea		Non-Specific Venereal Infections	
	Male	Female	Male	Female	Male	Female
1938	27	12	101	29	30	1
Average 1939-1945	55	26	100	29	41	6
1946	37	25	78	24	41	-
1947	34	28	73	15	14	-
1948	29	26	71	14	33	7
1949	18	23	35	3	21	5
1950	15	16	40	5	9	-
1951	8	8	37	3	23	-
1952	9	7	27	4	11	3
1953	11	6	35	1	26	10
1954	4	2	35	4	25	7

CARE OF MOTHERS AND YOUNG CHILDREN

ANTE-NATAL AND POST-NATAL CLINICS -

During 1954 the Local Health Authority continued to provide Clinic facilities at several centres throughout the Burgh, as follows:-

	Ante-Natal *Sessions*	Post-Natal *Sessions*
Russell Institute, Causeyside Street,	4	1
St. Ninian's Church, Ferguslie, ...	1	-
Mossvale Church, Greenock Road, ...	1	-
Blackland House, Glenburn, ...	1	-
Barscube Clinic, Hunterhill, ...	1	-
Barshaw Hospital, ...	2	1
Total	*10*	*2*

In all, these ante-natal clinics were attended by 2,178 expectant mothers (1,739 being new cases) and the total number of attendances made by these was 7,687. The number of post-natal mothers who attended for check-up following confinement was 605.

Over the years since 1948 it has become apparent that these ante-natal clinics are used, in the main, by patients who will be confined in Hospital. Where confinement is to be in the patient's home, ante-natal care is carried out by the family doctor in conjunction with the midwives in the Authority's domiciliary midwifery service. Where confinement is to be in a private nursing home this work is done by the family doctor or private specialist.

There is therefore an adequate service available for all expectant mothers in the clinical aspects of ante-natal care, and it is reflected in the good statistics for maternal morbidity and mortality for the Burgh. It is well that the fields of work are being defined for there are times when too much, and especially contrary advice, can be more detrimental than too little. The present arrangements can, therefore, be considered satisfactory from the clinical standpoint.

More and more, however, it is acknowledged that ante-natal care should not be confined to the purely clinical care of the patient. The ante-natal period is one during which the patient can be prepared for her confinement and for the care of her baby, with benefit to both. So the teaching of mothercraft or parentcraft enters largely into ante-natal care. This is a field into which, the busy general practitioner probably has not the time to enter, and therefore it is hoped that, in the near future when a permanent mothercraft centre is established in the Russell Institute, family doctors will see their way to send patients to it. The intention is that the mothercraft classes will be conducted apart from the clinical care of the patient and therefore the doctor need have no fear of this being removed from his ken.

The form which such a centre should take was under consideration at the end of

the year but it may be some time before it is fully established. In the meantime experimental classes are being held in association with all clinics and from them much useful and interesting information is being obtained for the fuller implementation of the work. On an average fifteen expectant mothers attend the present classes each week.

Fuller statistics relating to these clinics are contained in Tables 10 and 11 of the Statistical Appendix to this Report.

CHILD WELFARE CLINICS -

During the year Child Welfare Clinics were conducted from the following Centres:-

	Sessions
Russell Institute	6
St. Ninian's Church	1
Mossvale Church	1
Blackland House	2
Barscube Clinic	2
Total	*12*

A total of 1,964 children attended these clinics during the year, of these, 1,224 were new cases and 740 were children from the previous year or earlier.

The statistics relative to Child Welfare Clinics for 1954 are given in Table 12 of the Statistical Appendix.

DAY NURSERIES -

During 1954 the Town Council continued to provide 160 places in Day Nurseries for children under 5 years of age.

On 25th June 1954 the new Day Nursery at Douglas Street was officially opened by Dr. G.V.T. McMichael, formed Medical Officer of Health. This Nursery provides 50 places and replaces the two huts at Brown Place and known as Underwood Nurseries I and II. While rejoicing in the provision of new premises, it is necessary to record the excellent work done at the Underwood Nurseries from 1941 till their closing, by the many people who were interested in them and worked in them.

There were 127 admissions and 108 children ceased to attend. These admissions and dismissals were as follows:-

	Admissions				Dismissals			
	Babies	Tweenies	Toddlers	*Total*	Babies	Tweenies	Toddlers	*Total*
Castle Street	33	10	9	*52*	13	7	20	*40*
Hugh Smiley	18	12	16	*46*	13	9	23	*45*
Douglas Street	15	6	8	*29*	4	6	13	*23*

The incidence of Infectious Diseases was as follows:-

	Scarlet Fever	Measles	Dysentery	Whooping Cough	Rubella	Pneumonia
Castle Street ...	1	28	7	1	2	-
Hugh Smiley ...	-	14	11	1	10	1
Douglas Street ...	1	14	-	-	3	1
Total	*2*	*56*	*18*	*2*	*15*	*2*

Further statistics relating to the Day Nurseries are given in Table 14 of the Statistical Appendix.

CHAPEL HOUSE RESIDENTIAL NURSERY -

During 1954, 131 children (19 under 1 year; 75 aged 1-3 years and 37 aged 3-5 years) were admitted to the Nursery and 116 were dismissed.

The reasons for these 131 children being admitted were as follows:-

1. Mother going into Hospital -	(a) Confinement	57
	(b) Surgical Operation ...	21
	(c) Sanatorium Treatment .	11
	(d) Mental Illness ...	1
	(e) Medical Treatment ...	9
2. Mother requiring rest		2
3. Child under par and requiring extra care and attention		2
4. Child deserted		8
5. Child awaiting adoption		1
6. Homeless child		6
7. Transfer from Hospital		11
8. Transferred from Day Nursery		2

An analysis of the 116 children dismissed from the Nursery during 1954 shows that the average length of stay per child was 4.7 weeks but details of length of stay are as follows:-

Under 1 week	10	8 - 9 weeks	2
1 - 2 weeks	26	9 - 10 weeks	1
2 - 3 weeks	22	10 - 11 weeks	2
3 - 4 weeks	15	11 - 12 weeks	2
4 - 5 weeks	5	12 - 13 weeks	2
5 - 6 weeks	8	14 - 15 weeks	1
6 - 7 weeks	2	Over 16 weeks	13
7 - 8 weeks	5		

ANCILLARY SERVICES -

The Town Council continued during 1954 to provide certain Specialised Services in conjunction with its ante-natal, post-natal and child welfare clinics.

There was one Dental Clinic a week at which examinations and conservative treatment were carried out by dentists employed by Renfrew County Education Committee in their School Dental Service.

In all 204 adults and 20 children were examined and of these 59 adults and 20 children were treated by the dental officers. Under the Scheme introduced in 1953 to provide a service for expectant and nursing mothers, 44 expectant and 11 nursing mothers were provided with dentures free of charge by general practitioner dentists. This was the first full year the Scheme was in operation and the number of cases dealt with gradually increased each month during the year.

The Artificial Sunlight Clinic has continued in operation every weekday and apart from dealing with children from the Child Welfare Clinics has also dealt with cases from the Tuberculosis Physicians and the School Medical Officers.

During the year it became more apparent that the lamps used in this Department were becoming increasingly difficult to maintain and were losing their efficiency and they were surveyed. The Town Council have agreed to replace the existing lamps and during the financial year 1955-56 this work will be carried out.

The details of the work undertaken at these Special Clinics is given in Table 13 of the Statistical Appendix.

In addition to these specialised clinics the Local Health Authority continue to implement its scheme for the care of mothers and young children by supplying maternity outfits free of charge to all expectant mothers who were confined in their own homes and layettes for necessitous and exceptional cases. During 1954, 567 maternity outfits and 15 layettes were supplied.

WELFARE FOODS -

On 28th June, 1954, the distribution of welfare foods (National Dried Milk, Orange Juice, Cod Liver Oil, Vitamin A and D Tablets) was taken over by the Local Health Authority from the Ministry of Food. The main difficulty of the take over was the finding of suitable premises as those used by the Ministry of Food were required by another Government Department. However, temporary use was granted and preparations were made to have permanent premises attached to the Public Health Department at 11 Maxwell Street. In August however a move had to be made to further temporary premises at 47 High Street, in the Civil Defence Headquarters. Adaptations had to be carried out but up to the end of the year these premises were in use. It is expected to gain entry to the permanent premises in March, 1955. The very helpful co-operation of the Civil Defence Committee and of the Civil Defence Officer must be recorded in this Report.

To deal with the distribution, three clerkesses employed by the Ministry of Food were taken over on to the staff of the Public Health Department, and during the

six months of 1954 when this work was carried out, the administration of the service was gradually absorbed into the general administrative framework of the Public Health Department.

The Paisley Centre is a very busy one and the turn-over of Welfare Foods considerable. On an average the following quantities of food are distributed each week:-

National Dried Milk	2,080 tins
Orange Juice	1,052 bottles
Cod Liver Oil	260 bottles
Vitamin A & D Tablets	65 packets

During the year the two main problems which faced the Authority in this Service were of an administrative nature. They were:-

(a) Excessive breakages of bottles containing orange juice, and

(b) Control of emergency issues.

Each of these was studied carefully and by the end of the year methods of control were about to be introduced. These methods were for (a) above, the replacement of the contractor delivering supplies on behalf of the S.P.D. Ltd. and for (b) the institution of signed receipts for all emergency supplies pending the surrender of the appropriate coupons and, concurrently, a tightening of the discretionary powers given to the staff issuing supplies.

It can be said that these methods have seen a marked improvement in the position and at the time of writing this Report breakages and irregular issues have been, for the previous two weeks, negligible.

DOMICILIARY MIDWIFERY

During 1954 the Town Council continued to employ ten full-time midwives in this Service, and they in turn continued to provide a very efficient service to the community.

A previous review of the births within the Burgh, over the years 1948 to 1953, showed that the municipal midwives conducted themselves, or along with general medical practitioners, all but 3% of the domiciliary confinements. During 1954 the same proportion of cases dealt with in their own homes was borne by the municipal midwives. During the year there was again a slight increase in the number of domiciliary confinements (31%) as against institutional ones and as a result the midwives conducted 30% of all confinements as against 28% in 1953 and on an average, 23% in the years 1948 to 1952.

During the year the case load per midwife worked out at 64 which is in excess of the figure of 55 a year in urban areas recommended in 'The Report of the Working Party on Midwives' published on 16th November, 1948. This is a position which will require very careful watching for although the birth rate has been decreasing there would appear to be a tendency to more domiciliary confinements. While these two factors may balance each other and preserve the case load at the level suggested as ideal, there is no doubt that the rehousing of the population towards the periphery of the town increases the amount of time spent in travelling by a busy midwife and the time will probably come when the provision of houses for our midwives in new housing areas will require very serious consideration.

All midwives are trained in the giving of analgesics and within the Service four sets of gas and air apparatus are available.

Details of the work undertaken by the Domiciliary Midwifery Service during 1954, and an analysis of the births occurring within the Burgh during the year are contained in Tables 16 and 17 of the Statistical Appendix. In brief these Tables indicate that during 1954, 69% (1,114) of all births occurring in Paisley took place in a hospital or private nursing home and 31% (512) in the patients' homes. Of the total confinements 30% (501) were undertaken by the domiciliary midwifery service.

HEALTH VISITING

At the end of 1954, fourteen Health Visitors were employed full-time in this Service and in the main they devoted their time to maternal and child welfare. This number was two short of the authorised establishment of sixteen. Recruitment to this Service of Nurses possessing the Health Visitors' Certificate is most difficult and in 1954 it was necessary to recruit a temporary Health Visitor and contemplate after she had served a satisfactory probationary period, sending her for training in 1955 so that she may obtain her Certificate. With this difficulty it is almost impossible to widen the field of Health Visiting to cover adequately the visitation of the elderly and other groups, but every endeavour is made to allow Health Visitors to visit tuberculous persons who are resident in their areas and also certain old people and exceptional cases who are considered to be in need of special care and attention.

On 1st May 1954 one Health Visitor was put full-time on to the duties of Tuberculosis Health Visitor. This has improved the co-ordination of the Service. With the Local Health Authority now conducting the Contact Clinic from within the premises of the Chest Department and the Depute Medical Officer of Health and the Health Visitor regularly carrying out social and contact work at the same time as the clinical officers of the Tuberculosis Services a very close integration has taken place. The Health Visitor referred to above is the link in that she carries out visits at the request of the Tuberculosis Physician as well as her routine visitations on behalf of the Local Health Authority.

Table 18 of the Statistical Appendix gives details of the visits paid by the Health Visitors during 1954 to various groups of the community. In presenting these figures I must say that while they indicate to some extent the amount of work undertaken they can never reflect the constant care which is taken with one family, or the valuable advice which is given, perhaps only on one occasion, but at the moment when it is most needed, to another family.

HOME NURSING

During 1954 the Town Council continued to administer this Service which they took over from the local Nursing Association in 1952. The District Nurses employed have continued to give excellent and beneficial service to the community. There was no change in the establishment during the year and at 31st December, nine nurses were employed under the supervision of a Superintendent Nursing Officer.

The great majority of the cases dealt with during the year were referred to the Service by general medical practitioners, and the variety of cases coming under care are broadly classified in the following table.

Diseases	No. of Patients			No. of Visits			Age		Termination of Cases			
	M.	F.	Total	M.	F.	Total	65 Years	65 Years and over	Convalescence	Transfer to Hospital	Died	Continuing at 31st Dec. 1954
Abdominal ...	10	12	22	61	289	350	15	7	11	11	-	-
Accidents ...	1	14	15	21	1,232	1,253	3	12	5	2	1	8
Amputations ...	-	1	1	-	26	26	-	1	1	-	-	-
Cancer	23	39	62	255	2,142	2,397	37	25	13	8	37	5
Cardiac	26	41	67	865	998	1,863	17	50	23	12	27	15
Cerebral Haemorrhage ..	25	40	65	1,041	1,831	2,872	13	52	12	11	36	6
Diabetes ...	2	53	55	250	8,814	9,064	16	39	18	5	-	32
Gyneacological	-	8	8	-	131	131	7	1	7	-	-	1
Nervous ...	-	6	6	-	29	29	1	5	3	2	-	1
Respiratory ...	48	51	99	624	437	1,061	66	33	85	3	8	3
Rheumatism ...	2	12	14	63	536	599	4	10	4	3	1	4
Other Conditions	104	304	408	1,422	5,266	6,196	302	106	285	29	25	60
Total	*241*	*581*	*822*	*4,602*	*21,731*	*26,333*	*481*	*341*	*467*	*86*	*135*	*135*

Further details of the Service are given in Table 19 of the Statistical Appendix.

DOMESTIC HELP

After examining the details of the cases dealt with by this Service during 1954 there is no doubt that it contributes materially to the health and welfare of the citizens and is fulfilling a most useful purpose.

The types of cases dealt with remained as in previous years namely, General Illness, Maternity, Tuberculosis and Aged and Infirm, but more and more work continued to be undertaken.

The figures showing this work are contained in Table 20 of the Statistical Appendix to this Report.

Briefly these figures illustrate the following points.

1. That, on an average, 80 cases were cared for each month throughout the year - 29 cases receiving full-time help, 51 receiving part-time help.

2. That the percentage, which the various categories were of the total cases dealt with, were as follows:-

	Full-time	Part-time
Aged	40.0%	68.0%
General Illness	22.5%	21.5%
Tuberculosis	5.0%	6.5%
Maternity	32.5%	4.0%

3. That of the 120 new full-time cases in the year, 19 or 15.8% paid the full cost of the service and of the 163 new part-time cases, 38 or 23.3% paid the full cost of the Service to them. The other cases paid for the Service according to the assessment made on their income.

VACCINATION AND IMMUNISATION

VACCINATION AGAINST SMALLPOX -

During 1954, 1,102 vaccinations, 772 primary and 330 re-vaccinations, were carried out within the Burgh. In this number were 546 infant vaccinations giving a percentage of 32% of infants vaccinated.

These figures must be improved. Smallpox is not the serious problem it once was in this Country, or still is in certain Asiatic and African areas, but that it can be imported into this Country and give rise to much alarm, and serious illness, is well known. While it is not claimed that infant vaccination will protect a person throughout life it is amply proved that infant vaccination does make subsequent vaccination less troublesome.

Vaccination is available at all Child Welfare Clinics and at two special Vaccination and Immunisation Clinics which are held in the Russell Institute on Tuesday and Saturday mornings.

IMMUNISATION AGAINST DIPHTHERIA -

Each year since 1941, when immunisation was introduced on a large scale, the incidence of diphtheria has decreased and this is illustrated by the following figures.

INCIDENCE AND MORTALITY OF DIPHTHERIA - YEARS 1938 to 1954

Year	Cases Notified	Cases Confirmed	Deaths
1938	435	-	23
1939	331	-	21
1940	662	-	38
1941	447	-	21
1942	276	-	6
1943	198	-	3
1944	147	-	1
1945	139	-	2
1946	116	-	2
1947	74	32	1
1948	78	15	-
1949	37	4	-
1950	22	1	-
1951	15	5	-
1952	20	3	1
1953	22	2	-
1954	9	-	-

The trend in the incidence of this disease since 1941, when immunisation was started on a large scale, needs little comment. Suffice it to say that there have been no deaths among immunised children since the inception of the Scheme and the 37 deaths which have occurred have all been children who were not adequately immunised.

This is the first calendar year when no cases of diphtheria have occurred within the Burgh and our total period of freedom from the disease now extends to eighteen months, the last case having been confirmed in June 1953. Although it has

never been held that diphtheria immunisation will guarantee complete freedom from the disease, it has been substantiated that it gives greater protection from the severer forms of the disease and the disabilities and deaths resulting therefrom.

It is imperative therefore that every opportunity is taken to have this valuable procedure carried out on all children, for as long as an appreciable number of children remain unimmunised deaths will occur among them, and, what is just as important, disablement will result from attacks of the disease which, while severe, do not result in death.

The overall figure for children (15 years and under) immunised within the Burgh remains high at 78.2%. The figure for school children is very satisfactory at 97%. The number of pre-school children immunised showed a very slight improvement during 1954 at 52.0%. As this is a vulnerable group of children it is hoped that this will continue to improve and every effort is being made to ensure that it will. There is no reason except apathy to account for the small number of children who are immunised in the first year of life and I can only reiterate what I have said in past years and that is to draw attention to the reversal in the position which can easily take place should too few children be immunised and infection become rife.

IMMUNISATION AGAINST WHOOPING COUGH -

During 1954 the Town Council continued to make Pertussis Vaccine available at Child Welfare Clinics and during the year the numbers given the prophylactic were as follows:-

Pertussis Vaccine alone	21
Combined Pertussis and Diphtheria prophylactic ...	937

Details of vaccinations and immunisations carriedout during 1954 are contained in Tables 21, 22 and 23 of the Statistical Appendix.

PREVENTION OF ILLNESS, CARE AND AFTER CARE

During 1954 the Town Council continued to confine their work under Section 27 of the National Health Service (Scotland) Act 1947 to the care of persons suffering from Tuberculosis and to certain preventive measures aimed against this disease.

Substantial help has been given to persons suffering from Tuberculosis by providing beds and bedding and by granting a supply of milk when it has been certified by the Tuberculosis Physician that it is necessary in the proper treatment of the case. During the year 36 cases were granted bed and bedding and 61 received milk supplies.

As it is within this section of the Act that the Town Council undertake their share of the care of those suffering from Tuberculosis it is right that the trends of the disease and the measures taken to combat it should now be reviewed.

The following table illustrates the trends in the incidence of and the mortality from the disease during the war years and the post-war years to 31st December, 1954.

Year	Notifications			Deaths			
	Number of Cases		New Cases of Respiratory Disease per 1,000 population	Number of Deaths		Rate per 1,000 population	
	Respiratory	Non-Respiratory		Respiratory	Non-Respiratory	Respiratory deaths	Deaths from all forms of Tuberculosis
1938	92	36	1.00	49	10	0.54	0.65
Yearly Average 1939 to 1945 (incl)	134	54	1.50	70	26	0.78	1.08
1946	166	35	1.82	80	12	0.88	1.01
1947	162	41	1.68	97	22	1.01	1.24
1948	174	40	1.80	95	16	0.99	1.15
1949	196	22	2.03	67	8	0.70	0.78
1950	203	20	2.09	67	8	0.69	0.77
1951	194	18	2.06	49	8	0.52	0.61
1952	132	24	1.40	46	3	0.49	0.52
1953	129	17	1.30	30	6	0.31	0.38
1954	119	17	1.20	23	2	0.24	0.26

In 1954 new cases of Respiratory Tuberculosis notified numbered 119 (1.20 per 1,000) as against 129 (1.3 per 1,000) in 1953. The peak year was 1950 with 203 (2.09 per 1,000) new cases notified and the incidence in subsequent years represents a fall of 4.4% in 1951, 34.8% in 1952, and 36.4% in 1953, and 41.3% in 1954 when compared with the figure for 1950.

The mortality from Respiratory Tuberculosis during 1954 was 0.24 per 1,000 of population - the lowest figure on record for the Burgh - and compares with the rate of 0.31 in 1953, which was at the time also a record low death rate from the disease.

There is no doubt that these downward trends in both incidence and mortality are heartening, but the incidence is not proceeding at a rate comparable with that for mortality and I would reiterate two facts which must be borne in mind when considering these downward trends so that we do not become complacent or let up on measures against the disease.

The points are:-

1. Although we have experienced a dramatic fall in new cases the number still remains above that for 1938 which at 92 cases was the lowest on record.

2. With the increase in new cases which there has been during the war and post-war years and the decrease in mortality due to improved treatment, the 'reservoir' of known cases of Respiratory Tuberculosis within the Burgh has increased from 326 (3.5 per 1,000) in 1939 to 888 (9.3 per 1,000) in 1954. This is illustrated by the following figures:-

KNOWN CASES WITHIN THE AREA AND ON TUBERCULOSIS REGISTER

	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Total
At 31st December, 1939	326	255	581
1940	339	217	556
1941	336	196	532
1942	309	180	489
1943	317	187	504
1944	362	203	565
1945	431	192	623
1946	439	221	660
1947	466	186	652
1948	547	212	759
1949	611	184	795
1950	761	161	922
1951	781	88	869
1952	813	109	922
1953	807	111	918
1954	888	120	1,008

The following are some of the other facts which emerge on reviewing the position of Tuberculosis within the Burgh.

Treatment -

The most disturbing feature at the end of 1950 was the size of the

waiting list for in-patient treatment and the length of time many had to wait before admission. At the end of 1950 there were 69 persons awaiting admission and 48 had been waiting more than 6 months. This was not the largest number for at the end of 1951, 81 persons were awaiting admission, but by 31st December 1952 the waiting list had been reduced to the comparatively low figure of 30 and 10 had been waiting more than 6 months. The figure at the end of 1953 was 25, and 2 had been waiting more than 6 months, and at the end of 1954, 8 with 3 waiting more than 6 months.

Rehousing of Tuberculous Families -

The Town Council have always recognised the value of the proper housing of persons suffering from Tuberculosis, not only in so far as it benefits the patient, but also in preventing the spread of infection to other members of the family and to the community. To exert its maximum effect rehousing of tuberculous families into suitable houses must be carried out at the moment the disease is diagnosed. This is an ideal which has not been possible in the post-war years but great help has been given and the undernoted figures show the progress which has been made, in very difficult times.

Waiting List -

7th August, 1948	266	
31st December, 1950	224	(176 respiratory)
31st December, 1951	167	
31st December, 1952	128	(108 respiratory)
31st December, 1953	84	
31st December, 1954	53	

Families rehoused -

1948	50	
1949	56	(including 35 of special allocation)
1950	80	(do. 18 do.)
1951	110	(do. 22 do.)
1952	84	
1953	93	
1954	88	

At the moment 25% of houses for letting are allocated to families on the Tuberculosis priority list. It is hoped that this fairly substantial allowance, coupled with a fall in the incidence of the disease, will in time allow the Town Council to be in a position to offer a suitable house to any Tuberculous family who requires it immediately the disease is diagnosed. It does not seem that this happy position will be reached in one or two years for although the priority list at 31st December, 1954 was 53 it must be remembered that as well as taking families off the list because they have been rehoused, new families are being added. This is illustrated by a study of the priority list during 1954.

Number of applicants on list at 31st December, 1953	84
Number rehoused during 1954	88
Number of applications cancelled during 1954	32
Number of applications added to the priority list during 1954 ...	89
Number of applicants on priority list at 31st December, 1954 ...	53
TOTAL REDUCTION IN LIST ...	*31*

B.C.G. Vaccination -

Up until the beginning of 1952 B.C.G. Vaccination had been applied to Nurses and Contacts only. During 1952 the Town Council's scheme for the vaccination with B.C.G. of children approaching school-leaving age was put into operation and in 1954 this was continued.

The statistics appertaining to the children tested and vaccinated in 1954 are:-

B.C.G. Vaccination during 1954 -

Number of consents received	1,479
Number of consents tested and read	1,036
Number of positive reactors to Mantoux Test ...	681
Number of negative reactors to Mantoux Test ...	475
Number vaccinated with B.C.G.	471

Further statistics related to Tuberculosis and B.C.G. Vaccination for the year 1954 are contained in Tables 5, 6, 7, 8 and 24 of the Statistical Appendix.

MASS RADIOGRAPHY -

During 1954 a Mass Radiography Campaign was conducted in Paisley. The following is a report on the Campaign, with certain comments, which was submitted to the Town Council by the Medical Officer of Health in November, 1954.

General -

The idea of undertaking a Mass Radiography Campaign in Paisley was conceived by the Department of Health for Scotland and the Town Council of Paisley in February 1954.

The Paisley Campaign followed others in Greenock, Coatbridge, Airdrie, Lochgelly and Pilton, but, with its larger population, it was hoped to acquire information which would decide the advisability of applying such a method of Tuberculosis control to larger populations.

The aims of the Paisley Campaign were, from the community point of view, the following -

(a) To reiterate the value of the maintenance of good general health in the prevention of Tuberculosis;

(b) To emphasise the good results which could be obtained with modern methods of treatment when a case of Tuberculosis was discovered early; and

(c) To x-ray as many of the population over 15 years of age as possible in order to bring to light and under treatment, unknown cases capable of spreading infection in the community.

The preliminary planning involved representatives of the Local Health Authority, the Department of Health for Scotland, the Scottish Council for Health Education and the Mass Radiography Service of the Western Regional Hospital Board. Although these representatives did not all get together until 21st May, much ground work was done by the Public Health Department in the intervening two months. In May it was definitely decided that the period of the Campaign would be 27th September to 6th November and that three Mass Radiography Units would be available.

In the circumstances which arose the units were eventually employed as follows:-

Phase I - 27th Sept. - 2nd Octr. : 1 Unit in Town Hall; 2 Units at Factories.
Phase II - 4th Octr. - 9th Octr. : 2 Units in Town Hall; 1 Unit at Factories.
Phase III - 11th Octr. - 5th Novr. : 2 Units in Town Hall; 1 Unit at Russell Institute.

Publicity -

It was evident from previous Campaigns that success depended on the widest possible publicity, and much time and care was spent on this aspect of the project in Paisley. The contacts made and the publicity methods used were as follows:-

1. All traders in the Burgh, numbering 1,136, were written to and given supplies of posters which they were asked to exhibit in their shops during the week commencing 20th September and continuing throughout the whole period of the Campaign. Three types of posters were employed:-

   (a) A small transparency in attractive colours and worded 'TB CAN BE CURED - LET'S STAMP IT OUT'

   (b) A general poster drawing attention to the value of Mass Radiography; and

   (c) A poster giving the place and times of operation of the Units. Traders, by the same letter, were also offered the opportunity of having appointments made for their staffs at one of the x-ray centres.

2. All factories (250) were sent supplies of posters for exhibition within the works and leaflets to be enclosed in pay packets during the week ending 9th October. While fifteen of the larger factories had a visit from an x-ray Unit, the other factories were given the opportunity of having appointments made for their employees at a centre.

3. The Churches, of all denominations, were asked to disseminate information, and it was suggested that a sermon or pre-sermon address should be given on a Sunday early in the Campaign - the 3rd or 10th October were suggested - and that an announcement should be made each succeeding Sunday during the Campaign.

4. The eight Cinemas in the town were contacted and six agreed to help. Three Cinemas exhibited the film 'X-Ray Inspector' and two the film 'Defeat Tuberculosis' during the week beginning 27th September, and they, together with a sixth Cinema, exhibited a trailer giving the place and times of x-raying during the whole period of the Campaign.

5. On Sunday 3rd October, there was a Health Film Show in La Scala Cinema. The theme of the show was 'Fitness fights Tuberculosis'. The films were :

   (a) 'Uncle Explains', an amusing story showing the importance of a balanced diet.

   (b) 'Prevention is Better', illustrating, most effectively, the common sense measures which protect against Tuberculosis. And

   (c) 'A Modern Guide to Health', a cartoon film on the importance of good posture, fresh air, suitable clothes, relaxation before sleep.

   A talk was also given by Dr. A.G. Mearns.

6. All Youth Organisations were approached and the value of the x-ray service to the over 15's was emphasised and an offer to fix appointments for groups was made. The Organisations reached in this way numbered 141.

7. Tenants' Associations, Ward Committees, Women's Guilds, the Trades Council and other Associations and Clubs in the Town were informed of the Campaign and to amplify the information given by letter, an offer of a short talk by a doctor or a nurse from the Public Health Department was made. Thirty-six associations were reached by this method. The Scottish Council for Health Education helped in this project by sending Dr. Mearns to brief the Health Visitors prior to the Campaign opening. Eighteen talks were given, and in other instances, where meeting dates did not allow of a talk being given, it is known that the project was discussed and information on it disseminated by the members themselves.

8. During the first three weeks of the Campaign a letter, addressed to each household within the Burgh, was sent out in batches as follows:-

1st week	...	...	...	10,000
2nd week	...	...	...	10,000
3rd week	...	...	...	8,220

9. During the whole Campaign 36,000 bookmarks giving the place and times of examination were distributed from the Libraries.

10. General posters on the value of Mass Radiography and specific posters giving times were exhibited on hoardings throughout the town. Posters were also exhibited on 'buses on local routes. The Department of Health added to these by making arrangements with commercial firms for advertising space on the larger hoardings and also by supplying ten banners which were exhibited on the Town Hall, Municipal Buildings, Russell Institute and on the main roads leading into the Town.

11. During the first week of the Campaign a medical lecturer from the Scottish Council for Health Education, Dr. Stephen M. Young, visited eleven schools and gave talks, illustrated by flannelgraph and film strips, to the older children in the school leaving age group. As these talks dealt with personal fitness as a prevention against Tuberculosis it was felt that information would be taken into the homes and the aims of the Campaign furthered.

12. It so happened that when the intensive publicity was under way a Home Exhibition was in progress in the Town Hall. This Exhibition was sponsored by the Town Council. It was decided to focus attention on the Prevention of Tuberculosis, the value of early diagnosis, and advocate Mass Radiography. This was done by setting up the N.A.P.T. Photographic Exhibition and having a Health Visitor in attendance to give information about the Radiography Units which would be established in the hall the following week.

13. In order to focus attention on the daily position of numbers x-rayed, and the Campaign in general, a 'Thermometer' was erected at Paisley Cross in a very conspicuous position. This did attract attention as the Campaign progressed and there is no doubt that the time and thought put into its design and construction by the Burgh Engineer's Department was very much worth while.

14. The local press was brought into the Campaign and on 23rd September a Press Conference was held. The publicity which resulted from the Conference was considerable and the local papers, and the Paisley Daily Express in particular, continued to give daily information about the Campaign in a prominent position. The publicity given was in the form of leaders, special articles and day-to-day information on the numbers x-rayed and the arrangements for the succeeding days.

Added to this there was a considerable and very valuable amount of sponsored publicity from twelve local firms and this was spread over the whole period of the Campaign.

Operation of Units -

The Campaign opened on 28th September with one unit in the Town Hall and two units visiting factories. The hope that the unit in the Town Hall, associated with the Home Exhibition, would add substantially to the numbers was justified but the premises were inadequate and people had to be turned away. This was disquieting and it would have been better to have delayed the opening of the units to the general public until the following week.

From 5th October more commodious premises within the Town Hall were available

and two units - one for males and one for females - worked in there, from then until the end of the Campaign, with ease. The third unit moved into the Russell Institute on 6th October and, devoting its time to public and appointment sessions, worked until the closing date on 5th November.

The Units were drawn from Glasgow, Edinburgh and Lanarkshire, and the days devoted by each to different groups of the population were as follows:-

Glasgow Unit - 5 days for general public in Home Exhibition.
15 days for general public in Town Hall.
8 days for re-examinations.

Edinburgh Unit - 5 days for visits to factories.
15 days for general public in Town Hall.
8 days for re-examinations.

Lanarkshire Unit - 6 days for visits to factories.
13 days for general public and appointments for special groups in Russell Institute.
7 days for re-examinations.

The hours of operation at general public sessions in the Town Hall and Russell Institute were as follows:-

Tuesdays, Wednesdays and Fridays ... 2.00 p.m. - 4.00 p.m.
... 5.30 p.m. - 8.00 p.m.
Saturdays .. .. 10.30 a.m. - 12.30 p.m.
2.30 p.m. - 4.30 p.m.

Progress of Campaign	Males	Females	Total
1st week - 28th September - 2nd October	2,346	2,452	4,798
2nd week - 4th October - 9th October	1,427	1,720	3,147
3rd week - 11th October - 16th October	1,527	1,472	2,999
4th week - 18th October - 23rd October	1,153	1,490	2,643
5th week - 25th October - 30th October	1,443	2,249	3,692
TOTALS	*7,896*	*9,383*	*17,279*

This shows that the first week yielded the highest figure and in the main x-raying was confined to factory employees at that time. There was a constant stream of people wishing to be x-rayed at all public sessions but there is no doubt that the units could have coped with many more had they turned out.

Examining the total figures in relation to the number of unit days available we have the average figure of 292 persons per unit per day. This figure is well within the working capacity of the units.

Results	Males	Females	Total
Number examined	7,896	9,383	17,279
Number recalled for large film ..	388 (4.9%)	427 (4.5%)	815(4.7%)
Number of cases classified -			
Active Tuberculosis	31 (3.9 per 1000)	19 (2.0 per 1000)	50 (2.8 per 1000)
Inactive Tuberculosis ...	90 (11.3 per 1000)	96 (10.2 per 1000)	186 (10.7 per 1000)
For further observation ...	101 (12.7 per 1000)	80 (8.5 per 1000)	181 (10.4 per 1000)
Known cases of Tuberculosis ..	21 (2.6 per 1000)	32 (3.4 per 1000)	53 (3.1 per 1000)

These figures must be regarded as provisional but will be substantially true. The classification has been made by the Medical Directors of the Mass Radiography Units but cases have been referred to their own family doctors and the local Chest Physician so that re-classification may result from more thorough clinical assessment.

On the whole the incidence of the disease is in keeping with that found on previous surveys, and of course, when the full statistical analysis has been completed by the Department of Health for Scotland we will be able to consider the incidence in relation to sex and age-grouping. In addition to Tuberculosis, other lung, heart and bone abnormalities have been discovered but complete figures for these are not yet available.

The general impression gained on a first study of the x-ray films is that the cases of Tuberculosis found are mainly of the early treatable type and that very few are in need of urgent hospital treatment.

Commentary -

There is no doubt about the soundness of using Mass Radiography for case finding in a Tuberculosis control programme, but not until such times as Units are more plentiful and fully staffed, and are able to devote more time to a large urban area such as Paisley and visit regularly, can this method be expected to fulfil its full purpose of eventually banishing this dread disease.

The Paisley Campaign, which has just concluded, has been very much worth while for two main reasons

1. It has revealed at least 50 cases of Tuberculosis requiring treatment. The discovery of the disease is of inestimable value to the person concerned and, no less, to their contacts who can be advised on preventive measures and saved from developing the disease.

2. It has demonstrated the response to making Mass Radiography available to the general public and supplied valuable information on the organisation of a Campaign of this nature.

On this second point the following facts are important.

1. As local Health Departments are in the main staffed to deal with the day-to-day work which arises concerning them, it is a considerable task to undertake an intensive Campaign such as has been carried out. It would seem an essential in the future, if the Department of Health for Scotland are agreed on this method of using Mass Radiography, for them to appoint to their establishment an officer whose duty it would be to establish himself locally and in liaison with the local Medical Officer of Health, to organise the Campaign and co-ordinate the various services which have to work together in the Campaign. Paisley's Campaign ran for six weeks but many months of preparation were necessary and it cut right across normal departmental work. This could be avoided by more help, as suggested above, from the Central Authority.

2. In a Campaign of this type it must never be forgotten that the general public must not be inconvenienced. If they are likely to be, they will not attend and the Campaign will not succeed. Great attention must therefore be paid to:-
   (a) Siting, phasing and the general environment in which the people will wait and be examined.
   (b) Times of operation.
   (c) Operational methods of Unit.
   (d) Methods of recall and examinations.

3. In Paisley the siting of the units was good. If however, suitable premises had been available in such areas as Glenburn, Hunterhill, etc. I am sure we could have added substantially to our figure. Central sites are essential but district centres must also be considered and if possible, established.

   I have no doubt, now, that the phasing of the Campaign was wrong. The decision to operate one unit within the Town Hall during the period of the Home Exhibition proved, in the circumstances, to be a mistake. It would have been better to delay the public sessions for a week when, with the better facilities and the official opening by Provost Maclean, the Campaign would have got off to a good start. Our first week's experience when people had to be turned away because of lack of facilities, emphasised the need for organising so as to be able to deal with all wishing examination.

4. It was a great pity that the units could not x-ray every day for a reasonable period. There were reasons for this, mainly staffing and the necessity to recall a certain proportion of people, but I do believe that for satisfactory public surveys a way around this must be found. The method which suggests itself to me, is (a) the appointment of a spare staff of radiographers and clerkesses, who would do relief duty, in rotation, with each unit and (b) the staggering of recall days or the referring to one unit, or a central chest clinic, all recalls.

5. There was a difference in the Units as to the amount of undressing which was required. To be able to say that no undressing is necessary is a great help in publicity. It is essential, however, to have uniformity.

6. Like the undressing, it is necessary to have uniformity between the various Units in their method of recall. If not uniform this leads very often to needless concern and worry on the part of the person recalled.

7. It is very difficult to assess the value of the various publicity measures employed but, were I participating in such a Campaign again, I would go at an earlier stage to Tenants' Associations, Ward Committees, Women's Guilds, and such bodies and ask them to carry out a personal canvas of their fellows. The enthusiasm of these people was a most heartening feature of the Campaign and I am sure they could do this type of work effectively.

   Another suggestion which I think has distinct possibilities is linked with this use of voluntary help. It is to confine the intensive publicity and personal canvas to specific areas of the Town in rotation during the actual period the units are working and while retaining a unit centrally, set up a mobile centre in the area being concentrated on at the time.

8. The number of people x-rayed (17,279) represents 18.3% of the estimated population of the Burgh and 26.6% of the population for whom the service was intended. If to the number we add 5,600 people x-rayed in a previous Mass Radiography Survey in March-April 1954 we find that this year 24.2% of the population have been examined.

EPILEPTICS AND SPASTICS -

Persons who are handicapped because of epilepsy or cerebral palsy, and who become known to the Department, are brought under whatever Service of the Local Authority it is felt they are suited for. There are no special arrangements for such groups, but in the case of epileptics they may be admitted to the Epileptic Colony at Bridge of Weir. At present the Local Authority's work is mainly advisory towards those suffering from these handicaps.

CONVALESCENT HOME PROVISION -

In the main use is made of voluntary Homes and in particular the Paisley Convalescent Home, West Kilbride. At the end of the year the Local Health Authority, in conjunction with Renfrew County Council, were investigating the possibility of setting up such facilities for children.

CHIROPODY -

For some time chiropody has been given to old people attending clubs administered by the Paisley Old People's Welfare Committee, under arrangements made with the British Red Cross, Renfrewshire Branch. This has been a most valuable service and the local workers in the Red Cross Society and the Welfare Committee are to be congratulated on their foresight and great help to the old people. During the year, however, the Town Council considered a Report by the Medical Officer of Health and Social Services Officer on an extension of the Scheme and at the moment a Scheme under Section 27 of the National Health Service (Scotland) Act 1947 is before the Secretary of State. It is hoped that the Scheme will be approved and that the benefits will become available to a wider section of the old people.

MENTAL HEALTH

The provision of training and occupation for mental defectives under Section 51 of the National Health Service (Scotland) Act, 1947 has been delegated to the Voluntary Association for Mental Welfare (Paisley and District). The Association maintains two Occupation Centres, one for males and one for females and during 1954 the average attendance was 16 males and 10 females. Two instructors and one instructress were employed at these centres during the year and in addition one visitor/instructress was employed for the home bound cases who numbered 47 (15 males and 32 females).

For the purposes of Section 27 of the Act the Local Health Authority co-operate with the Association in the After-care of Mental Defectives.

During 1954, 116 cases (44 males and 72 females) of mental illness were admitted to hospital, 38 (15 males and 23 females) of whom were certified.

Also during the year 2 cases (both males) of mental deficiency were certified, and one case (a female) was admitted to an Institution.

It was not found necessary to re-certify any defectives attaining the age of 16 years. One male was placed under guardianship.

During the year there continued to be difficulty in getting certified mental defectives admitted to suitable Institutions and this subject was discussed with representatives of the Board of Management for Renfrewshire Mental Hospitals.

A review of Paisley's experience in seeking admissions to Mental Deficiency Institutions reveals the following facts:-

1. Prior to 5th July, 1948 admission of such cases to Institutions controlled by the Local Authority was easier than at present, but since that date the average waiting period for the 18 cases admitted has been 14½ months after certification.

   Analysed further the waiting periods have been:-

6 months and under	6 cases
Between 6 and 12 months ...	3 cases
Between 1 and 1½ years ...	3 cases
Between 1½ and 2 years ...	1 case
Between 2 and 2½ years ...	4 cases
Over 3½ years	1 case

2. These cases have been admitted to Institutions:-

Under Board of Management for Renfrewshire Hospitals ...	12
Other Areas	6

3. The waiting list at the present moment (13th January 1955) numbers 7, and the average waiting period of these cases is 14 months.

Further analysis shows that these cases have been waiting -

3 years 8 months	...	...	1 case
2 years 2 months	...	...	1 case
6-12 months ...	...	...	3 cases
Under 6 months	...	...	2 cases

4. The ages of the cases waiting are:-

1. 1 male	...	18 years 8 months - waiting 5 months
2. 1 male	...	13 years 5 months - waiting 10 months
3. 1 male	...	8 years 11 months - waiting 6 months
4. 1 male	...	6 years 6 months - waiting 2 years 2 months
5. 1 male	...	4 years 9 months - waiting 3 years 8 months
6. 1 female	...	3 years 5 months - waiting 1 month
7. 1 female	...	2 years 2 months - waiting 9 months

A survey of the cases indicates that delay in admission occurs where in addition to the mental handicap there is also a severe physical handicap. Of the 7 cases awaiting admission only 2 cases are ambulant; the other 5 cases are in need of fairly constant supervision and help because of a physical disability.

The help which the local authority, through its existing services, can give to such cases while awaiting admission to an Institution is very limited and the brunt of the work and care, of necessity, falls on the family. When such difficulties continue over a long period they have adverse effects on the family in their relations one with another and on the development of the other children.

The difficulty which the Board of Management for the Mental Hospitals has in providing accommodation is appreciated and the developments which are taking place at Merchiston are noted with satisfaction. These developments must not however be looked upon as a complete solution.

WORK UNDER NURSERIES AND CHILD MINDERS' REGULATION ACT, 1948

The Nurseries and Child Minders' Regulation Act, 1948 came into operation on 30th July, 1948. This Act empowers Local Health Authorities to supervise (i) nurseries where children up to school age are looked after for a day or for longer periods not exceeding six days and (ii) persons, who for reward, undertake the care of children under the age of 5 years for similar periods.

At the end of 1954, no applications for registration had been made to the Town Council.

SCHOOL HEALTH SERVICE

On 16th March, 1949, the Town Council became the agents of Renfrew County Education Committee for the routine work of the School Health Service within the Burgh and this they do by employing medical, nursing and clerical staff specifically appointed for these duties. During 1954, the agreed arrangements continued to operate satisfactorily and Table 25 of the Statistical Appendix contains some facts on the work carried out during the school session 1953-54 within the Burgh of Paisley.

WORK UNDER THE NATIONAL ASSISTANCE ACT

Under the provisions of the National Assistance Act 1948, the Town Council are required to provide accommodation for aged and infirm persons within their area who cannot be adequately looked after either in their own homes or by relatives. In June, 1951, Speirsfield House was opened as an Old People's Home and the statistics for 1954 were:-

Admitted		Discharged		Transferred to Hospital		Died		On leave	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
10	11	10	11	4	4	-	1	6	6

Apart from those resident in Speirsfield House, other old people were cared for in such places as:- Residential Accommodation, Royal Alexandra Infirmary Annexe, Craw Road; Gleniffer Home; Flanders House; and with Other Local Authorities.

During the year Stanely House, which is a pleasantly situated house at Stanely Reservoir, was acquired by the Social Service Committee as an Old Folks Home. There will be accommodation for 26 persons and it is hoped that the house will be ready for occupancy by September, 1955.

In addition to the aged and infirm the Town Council are responsible in whole or in part, for the care of certain handicapped persons in the Royal Alexandra Infirmary Annexe, Craw Road; The Epileptic Colony, Bridge of Weir,; Cairnhill Home, Airdrie; and in various other local authority institutions.

At the end of the year the Registers, which are maintained for certain categories of handicapped persons, showed the following figures:-

Number of Registered Blind Persons	174
Number of Deaf and Dumb Persons	67
Number of Physically Handicapped Persons (i.e. Cripples)	96

As indicative of the work which is being done among the handicapped at the moment and of the Town Council's concern about the future the Report which was submitted by the Social Service Officer and the Medical Officer of Health in November, 1954, is reproduced below. The Council have decided to set up the Committees recommended and it is hoped that its deliberations will point the way for future work.

REPORT ON THE WELFARE OF HANDICAPPED PERSONS -

Under Section 29 of the National Assistance Act, 1948 a Local Authority has power to make arrangements for promoting the welfare of persons who are substantially and permanently handicapped by illness, injury, or oongenital deformity or such other disabilities as may be prescribed by the Minister.

Local Authorities were requested to submit to the Secretary of State schemes for the provision of welfare services for the aforementioned persons. Such a scheme was submitted by Paisley Town Council on 15th September 1953 and was approved by the Secretary of State on 23rd October 1953.

The total number registered at present as handicapped persons with the Social Service Department is 96 (49 men and 47 women). Classification of the cases on the register reveals the following information:-

	Men	Women
Persons employed in open Industry	15	13
Persons employed in Sheltered Workshops	-	1
Persons able to be trained for open Industry ...	-	-
Persons able to be trained for Sheltered Employment	11	4
Persons capable of Occupational Work at home ...	10	15
Persons not capable of Work	12	14
Persons running own business	1	-

As will be seen from the above numbers a large percentage of handicapped persons is not capable or available for work. At present we have only touched the fringe of this problem which is a very difficult one indeed. There are no voluntary bodies in the district to whom part of the work could be delegated on an agency basis. There is of course no doubt that the availability of voluntary workers greatly facilitates the ascertainment of cases needing assistance and permits the development of certain social services appreciated by disabled persons. The Local Authority has therefore to start from scratch and at present there is only one person engaged on this work. At the present time there are 16 persons doing some form of craft work and receiving periodical visits from the craft instructor. Some are quite proficient and others are still in the stage of receiving help and instruction.

Materials are provided through the Social Service Department to the persons concerned. Payment for the materials supplied is made by the handicapped person when the article has been sold. The earning capacity of these persons is very limited - a few shillings weekly.

The varieties of craft work at present being undertaken comprise rug-making, lamp shades, weaving, embroidery, jewellery, raffia work, knitting, crochet, marquetry and model making.

The officer engaged on this work necessarily provides a useful contact with persons on the register by reason of his regular visitation and it is found that personal problems, probably of a minor character, but nevertheless important to the individual are disclosed, and are passed on for the attention of the Welfare Department. The officer must be trained in all aspects of welfare work. He must know when to act or advise and when to refer the case to another statutory or voluntary body.

One of the major problems is that of marketing the work done by the handicapped person. Last year in conjunction with Toc H. a sale of work was held of articles

made by the homebound handicapped persons and members of the Renfrewshire Invalid Tricycle Club. This sale resulted in almost all the exhibits being sold and at the same time many orders were received. Help and advice is given where necessary, with a view to providing an avenue of disposal of the articles produced and appreciation has been expressed by the persons concerned and their relatives.

Owing to the limited number of persons at present engaged on this work it will be appreciated that a sale of work can only be undertaken at most once a year. I would suggest that articles be exhibited in a display cabinet in some public place such as the Public Library or the hall of the Public Health Department.

One of the great needs for the disabled persons is the provision of premises where they may meet and engage in handicraft sessions and also engage in social activity. The problem of transport is considerable but I think the project is a worthy one. One suggestion which is worth considering is that of setting up an 'All-Purpose Social Welfare Centre'. The centre could be used by handicapped persons, blind persons and old people's clubs. The premises would require to be commodious and situated near the centre of the town.

The following few examples will give an idea to the value and scope of the work being done:-

Provision of invalid chair for man going on holiday.

Repair of wireless sets.

Hire of wireless sets while repairs being carried out.

Installation of handrails in houses.

Provision of ramps outside houses.

Assisting with holidays.

Arranging admission to cinemas and sports ground, etc.

Providing library facilities.

Arranging home helps.

Providing handcraft facilities to persons in hospital.

To date, the scheme for the welfare of handicapped persons has been used in the main by cripples. There is a wide field of other handicapping disabilities and it is felt that persons, so disabled, could derive considerable benefit from inclusion in the scheme. The scheme has, of course, been limited by the facilities and the supervising staff available and any widening of it would have to be considered in relation to these two factors.

As an indication of the benefits which might accrue to other disabled persons, if the scheme was widened, the position of the Tuberculous is cited. Many people who suffer from Respiratory Tuberculosis have to bear a long period of idleness between the completion of active treatment and fitness for return to work. During this period, which may last many years, their morale is endangered and their return to work delayed. If these people could be taken into the scheme and given occupational work then they would no doubt be in a better frame of mind when physically fit to

return to the employment field. It is felt that work in the home would not be nearly so effective as work given to them at an Occupation Centre on fixed sessions each week, and the widening of the scheme to include such people would depend on the setting up of such a centre.

The Ministry of Labour and National Service have schemes of training and industrial rehabilitation but these schemes are for persons who are fit for employment. There is, therefore, at the present moment a gap which the Local Authority could fill and it seems that this could best be done by widening the present scheme. This could not be done, however, without full consideration of the following points:-

1. Disabilities to be dealt with.
2. Facilities, including setting up of a Centre.
3. Staffing.
4. Financing of the scheme.
5. Effect on allowances paid by Statutory bodies to persons attending.

Prior study indicates that the matter is not straight forward and it is suggested that the Town Council set up a Sub-Committee to investigate the position with powers to consult with representatives of the Ministry of Labour and National Service, Ministry of National Insurance, the National Assistance Board, and Renfrew County Executive Council.

Under Section 47 of the National Assistance Act 1948 power is given to local authorities to remove to suitable premises for care and attention any persons 'who are suffering from grave chronic diseases or being aged, infirm or physically incapacitated are living in insanitary conditions and are unable to devote to themselves and are not receiving from other persons, proper care and attention'. Although several old people in such circumstances were reported to the Medical Officer of Health during the year it was not necessary to invoke the Act as all cases were dealt with by persuasion and material help from the Sanitary, Welfare and Public Health Departments and accepted care and attention voluntarily.

Another provision of the National Assistance Act is the power it gives to local authorities to care for and protect the property of persons admitted to hospitals or other institutions. During 1954, five cases were dealt with.

Twenty-eight burials of persons who had no relatives willing and able to bury them were carried out during the year.

HEALTH EDUCATION

During 1954, in order to supplement the basic work in health education carried out by each member of the Health Department in his or her day-to-day work, talks and film shows were given to small groups of selected audiences and visits to the Russell Institute were arranged for parties interested in the work.

In addition leaflets have been distributed at Clinics and on the 'districts' and posters exhibited. The new clinic, which has been opened at 20 Barscube Terrace is a converted shop, has an ideal window for health features on specific subjects and the health visitors working there have been enthusiastic and produced many excellent displays.

In this field of Health Education the ever ready help of the Scottish Council for Health Education must be acknowledged.

STATISTICAL APPENDIX

TABLE No. 1

VITAL STATISTICS

		1953	1954
POPULATION AND AREA -			
Population, estimated at 30th June		94,434	94,530
Area of Burgh in Acres		6,369	6,369
Density of Population per Acre		14.82	14.84
BIRTHS -			
Total Live Births (including illegitimate Births)		1,653	1,670
	Males	842	838
	Females	811	832
Birth Rate per 1,000 of population	Paisley	17.5	17.7
	Scotland	17.8	18.0
	Large Burghs	18.6	18.9
Total Illegitimate Births		72	60
Illegitimate Birth Rate per 100 live births	Paisley	4.4	3.6
	Scotland	4.7	4.5
	Large Burghs	3.7	4.1
Total Still Births		38	44
Still Birth Rate per 1,000 all births	Paisley	22	26
	Scotland	25	25
	Large Burghs	27	26
DEATHS -			
Total Deaths - All Causes		1,022	1,069
Death Rate per 1,000 of population	Paisley	10.8	11.3
	Scotland	11.5	12.0
	Large Burghs	11.0	11.8
Total deaths from Tuberculosis - All forms		36	25
Tuberculosis Death Rate (All forms) per 1,000	Paisley	0.38	0.26
	Scotland	0.26	0.22
	Large Burghs	0.30	0.25
Total deaths from Respiratory Tuberculosis		30	23
Respiratory Tuberculosis Death Rate per 1,000	Paisley	0.32	0.24
	Scotland	0.23	0.20
	Large Burghs	0.25	0.22
Total deaths from *Epidemic Diseases		5	4
Epidemic Diseases Death Rate per 1,000	Paisley	0.05	0.04
	Scotland	0.08	0.05
	Large Burghs	0.07	0.04
Total Infant Deaths		49	69
Infant Mortality Rate per 1,000 live births	Paisley	30	41
	Scotland	31	31
	Large Burghs	32	33
Total Neonatal Deaths		32	48
Neonatal Death Rate per 1,000 live births	Paisley	19	29
	Scotland	19	21
Total Maternal Deaths		2	1
Maternal Death Rate per 1,000 all births	Paisley	1.18	0.58
	Scotland	0.90	0.70

*Typhoid fever; Cerebro-spinal fever; Scarlet fever; Whooping Cough; Diphtheria; Influenza and Measles.

TABLE No. 2

ANALYSIS OF DEATHS 1954

	Actual Deaths	Percentage of Total Deaths
SYSTEMIC DISEASES	*985*	*92.2*
Heart Disease	329	30.8
Cerebral Haemorrhage and Thrombosis	171	15.8
Other Cirulatory Diseases	48	4.4
Malignant Disease	195	18.1
Tumour (non-malignant)	2	0.2
Pneumonia	30	2.8
Bronchitis	42	3.9
Other Respiratory Diseases (excluding Tuberculosis)	12	1.2
Diseases of the Nervous System	14	1.3
Diabetes Mellitus	7	0.7
Gastric and Duodenal Ulcer	10	1.0
Appendicitis	2	0.2
Diseases of the Liver	11	1.1
Other Diseases of the Digestive System	18	1.6
Nephritis	11	1.1
Other Diseases of the Genito-Urinary System	4	0.4
Diseases of the Skin and Locomotor System	2	0.2
Other General Diseases	12	1.2
Acute Rheumatism	1	0.1
Old Age	11	1.1
Suicide	8	0.8
Violence - Road Accidents	14	1.3
Others	26	2.4
Cause ill-defined	5	0.5
INFECTIOUS AND CONTAGIOUS DISEASES	*31*	*2.9*
Respiratory Tuberculosis	23	2.1
Non-respiratory Tuberculosis	2	0.2
Influenza	2	0.2
Syphilis and Sequelae	1	0.1
Measles	1	0.1
Other Infectious and Parasitic Diseases	1	0.1
Meningococcal Meningitis	1	0.1
DISEASES OF INFANCY OTHER THAN INFECTIOUS	*52*	*4.8*
Congenital Malformation	12	1.2
Birth Injuries and Atelectasis	17	1.5
Pneumonia of the Newborn	2	0.2
Other diseases	21	1.9
DISEASES ASSOCIATED WITH PREGNANCY -	*1*	*0.1*
Puerperal Sepsis	-	-
Other Puerperal Causes	1	0.1
Total	*1,069*	

TABLE No. 3

DEATHS IN THE VARIOUS AGE GROUPS

	Actual Deaths	Percentage of all Deaths
Under 4 weeks	48	4.5
4 weeks upwards	21	2.0
1 year do.	9	0.8
5 years do.	4	0.4
10 years do.	6	0.6
15 years do.	14	1.3
25 years do.	29	2.7
35 years do.	40	3.7
45 years do.	108	10.1
55 years do.	188	17.6
65 years do.	276	25.8
75 years do.	249	23.3
85 years do.	77	7.2
Total	*1,069*	

TABLE No. 4

INCIDENCE OF NOTIFIABLE AND NON-NOTIFIABLE INFECTIOUS DISEASES

	Under 1 year	1 - 4 Yrs	5 - 14 Yrs	15 - 24 Yrs	25 - 34 Yrs	35 - 44 Yrs	45 - 64 Yrs	65 Yrs and over	Total	Cases removed to Hospital
NOTIFIABLE -										
Cerebro-spinal fever	3	3	-	-	1	-	-	-	7	7
Cholera	-	-	-	-	-	-	-	-	-	-
Continued fever	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-
Dysentery	6	68	21	1	6	4	1	-	107	68
Encephalitis Lethargica	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	5	2	7	1
Jaundice, Acute Infective	-	-	-	-	-	-	-	-	-	-
Leprosy	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatonum	-	-	-	-	1	-	-	-	1	1
Plague	17	-	-	-	-	-	-	-	17	-
Pneumonia, Acute Influenzal	-	-	-	-	-	-	-	-	-	-
Pneumonia, Acute Primary	-	-	-	-	-	-	-	-	-	-
Poliomyelitis	45	40	15	16	8	20	38	26	208	199
Puerperal Fever	1	6	7	1	-	-	-	-	15	15
Puerperal Pyrexia	-	-	-	-	1	-	-	-	1	-
Scarlet Fever	-	-	-	-	2	-	-	-	2	-
Smallpox	1	58	172	6	-	1	2	-	240	201
Tuberculosis, Respiratory	-	-	-	-	-	-	-	-	-	-
Tuberculosis, Non-Respiratory	1	6	4	36	30	18	20	4	119	65
Typhoid Fever	-	2	6	2	5	1	1	-	17	9
Paratyphoid A	-	-	-	-	-	-	-	-	-	-
Paratyphoid B	-	-	-	-	-	-	-	-	-	-
Typhus	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-
Gastro Enteritis	12	50	84	-	-	-	-	-	146	9
NON-NOTIFIABLE -	28	10	1	1	-	-	-	-	40	40
Chickenpox	2	56	327	1	-	-	-	-	386	11
Measles	2	43	95	-	-	-	-	-	140	7
Mumps	1	13	154	-	-	1	-	-	169	2
Pneumonia (other than above)	3	6	3	-	-	-	-	-	12	12
Rubella	-	17	213	-	-	-	-	-	230	9
Totals	*122*	*378*	*1,102*	*64*	*54*	*45*	*67*	*32*	*1,864*	*656*

TABLE No. 5

TUBERCULOSIS - NOTIFICATIONS BY AGE AND SEX

		Under 1 year	1 - 4 years	5 - 14 years	15 - 24 years	25 - 34 years	35 - 44 years	45 - 64 years	65 years and over	Total
Respiratory	Males ...	-	2	3	14	18	12	15	4	68
	Females ...	1	4	1	22	12	6	5	-	51
	Total ...	1	6	4	36	30	18	20	4	119
Non-Respiratory	Males ...	-	2	4	1	1	1	-	-	9
	Females ...	-	-	2	1	4	-	1	-	8
	Total ...	-	2	6	2	5	1	1	-	17
RESPIRATORY AND NON-RESPIRATORY	*Males ...*	-	*4*	*7*	*15*	*19*	*13*	*15*	*4*	*77*
	Females ...	*1*	*4*	*3*	*23*	*16*	*6*	*6*	-	*59*
	Total ...	*1*	*8*	*10*	*38*	*35*	*19*	*21*	*4*	*136*

TABLE No. 6
TUBERCULOSIS
Age and Sex Distribution of all known Cases within the Burgh at 31st December 1954

		Cases in Age Groups								
		Under 1 year	1 - 4 years	5 - 14 years	15 - 24 years	25 - 34 years	35 - 44 years	45 - 64 years	65 years and over	Total
Respiratory	Males ...	-	5	29	84	134	84	100	8	444
	Females ...	-	8	18	121	185	84	26	2	444
Non-Respiratory	Males ...	-	6	22	8	17	3	2	-	58
	Females ...	-	1	17	18	16	5	5	-	62
RESPIRATORY AND NON-RESPIRATORY								*Males ... ...*		*502*
								Females		*506*
										1,008

Table No.7

TUBERCULOSIS

Number of Persons who died from Tuberculosis within the Burgh during 1954 with particulars of period elapsing between notification and death

	Respiratory		Non-Respiratory	
	Males	Females	Males	Females
Not Notified or notified only at death ...	5	1	-	1
Notified less than 1 month before death ...	-	-	-	-
Notified from 1 - 3 months before death ...	-	-	-	-
Notified from 3 - 6 months before death ...	1	2	1	-
Notified from 6 - 12 months before death ...	1	-	-	-
Notified from 1 - 2 years before death ...	-	1	-	-
Notified over 2 years before death ...	9	5	-	-
TOTAL	*16*	*9*	*1*	*1*

Table No.8

TUBERCULOSIS

Number of Cases of Respiratory Tuberculosis which received treatment in Sanatoria during the year 1954

		Number of Patients				
		In Sanatoria on 1st January 1954	Admitted during year	Discharged during year	Died in Sanatoria	In Sanatoria on 31st December 1954
Under 15 years ...	Males	2	5	4	-	3
	Females	6	5	7	-	4
15 - 45 years ...	Males	27	79	54	1	51
	Females	42	65	62	2	43
45 years and over	Males	7	17	12	-	12
	Females	1	8	6	-	3
	Males	36	101	70	1	66
	Females	49	78	75	2	50
TOTALS		*85*	*179*	*145*	*3*	*116*

TABLE No. 9

VENEREAL DISEASES

Cases treated at Special Treatment Centre

Age in Years	Syphilis		Gonorrhoea		Soft Sore		Non-Specific Venereal Infection		Conditions other than V.D.		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 1 year	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 years	-	-	-	-	-	-	-	-	-	-	-	-
5 - 14 ,,	-	-	-	-	-	-	-	-	-	-	-	-
15 - 24 ,,	-	-	10	2	-	-	6	2	3	1	19	5
25 - 34 ,,	-	1	14	2	-	-	10	2	8	2	32	7
35 and over	4	1	11	-	-	-	9	3	14	-	38	4
Total New Cases ...	4	2	35	4	-	-	25	7	25	3	89	16
Total Attendances Old and New Cases ...	652	502	410	25	-	-	276	14	89	6	1,427	547

TABLE No. 10

MATERNAL AND CHILD WELFARE SERVICE - ANTE-NATAL CONSULTATIONS

	Barshaw Hospital Clinic	Russell Institute Clinics	Ferguslie Clinic	Mossvale Clinic	Blackland Clinic	Barscube Clinic	Total
Number of Expectant Mothers attending ...	987	854	172	81	43	41	2,178
Made up - New Cases ..	792	672	138	69	35	33	1,739
Re-attending	195	182	34	12	8	8	439
Total Number of Attendances	1,503	4,559	728	456	215	228	7,687
Number of cases referred to Ante-natal Wards of Hospitals	27	22	11	6	3	-	69
Number of cases treated at Clinic	960	832	161	75	40	41	2,109
Source of New Cases:-							
General Medical Practitioner	789	439	42	23	16	22	1,331
Midwife	3	-	3	2	-	-	8
Health Visitor ...	-	5	32	16	2	-	55
Own Accord	-	228	58	26	17	11	340
Other Sources	-	-	3	2	-	-	5

TABLE No. 11

MATERNAL AND CHILD WELFARE SERVICE - POST-NATAL CONSULTATIONS

Total Number of Cases attending ...	605
Total Attendances	*794*

TABLE No. 12

MATERNAL AND CHILD WELFARE SERVICE - CHILD WELFARE CONSULTATIONS

	Number of children attending the clinics during year and who on the date of their first attendance this year were:-		Total Number of attendances made during year by children who at the time of attendance were:-	
	Under 1 year of age	Over 1 year of age	Under 1 year of age	Over 1 year of age
Local Health Authority Clinics	1,109	855	6,384	3,526

TABLE No. 13

MATERNAL AND CHILD WELFARE SERVICE - SPECIAL CLINICS

ARTIFICIAL SUNLIGHT CLINIC -			
Total Number of Cases Attending			84
New Cases from:-			
Child Welfare Clinics			68
School Health Service			16
Cases re-attending from:-			
Child Welfare Clinics			10
School Health Service			24
Total Number of Attendances:-			
Made up:-			
Child Welfare Clinics			1,433
School Health Service			630
DENTAL CLINIC -			
Number of New Cases -			
Made up:-	Mothers		204
	Children		20
Number of Attendances	Mothers		95
	Children		79
Number of Extractions	Mothers		64
	Children		14
Number of Conservations ...	Mothers		47
	Children		21
Number of Dressings	Mothers		57
	Children		77
Number of Dentures			145

TABLE No. 14

DAY NURSERIES

	No. of approved places		No. of Children on Register at end of year		Average Daily Attendances	
	0 - 2 years	2 - 5 years	0 - 2 years	2 - 5 years	0 - 2 years	2 - 5 years
Castle Street Day Nursery	15	45	15	50	12	44
Douglas Street Day Nursery	20	30	20	36	18	30
Hugh Smiley Day Nursery	20	30	20	34	20	26
Totals	*55*	*105*	*55*	*120*	*50*	*100*

TABLE No. 15

CHAPEL HOUSE RESIDENTIAL NURSERY

Number of beds provided		Children Admitted	Children Discharged	Average Daily Residents
0 - 2 years	2 - 5 years			
10	10	131	116	17.22

TABLE No. 16

BIRTHS

Total Number of Births including Still-births occurring in the Area before correction for Residence	1,656
Number of Births in Maternity Hospital	939
Number of Births in General or Mental Hospital	1
Number of Births in Private Nursing Homes	204
Number of Births occurring at Home	512
Number of Still-births in Total	27
Cases dealt with under Section 23(2) National Health Service (Scotland) Act, 1947	505
Made up:- Doctor engaged and present at confinement ..	7
Doctor engaged and not present at confinement	496
Midwife alone (no doctor engaged)	2
Other Domiciliary Cases -	
Made up:- Doctor and midwife engaged	4
Midwife alone (no doctor engaged)	-
Without doctor or midwife	-
Born en route to hospital	3

TABLE No. 17

DOMICILIARY MIDWIFERY SERVICE

Total Number of cases attended on district	576
Total Number of cases booked	599
Total Number of cases delivered on district	504
Total Number of emergency cases (not booked)	5
Total Number of abortions	1
Number of cases delivered by midwife only	443
Number of cases delivered by midwife and doctor	4
Number of cases requiring medical aid	53
Number of emergency cases delivered by doctor	1
Number of emergency cases delivered by midwife	3
Patient dismissed from Glasgow Royal Maternity Hospital (delivered)	1
Conditions requiring medical aid:-	
Delayed labour 2nd stage forceps delivery	13
Delayed labour 2nd stage normal delivery	5
Delayed labour 1st stage normal delivery	5
Retained Placenta	5
Post Partum Haemorrhage	4
Intra Partum Haemorrhage	6
Foetal Distress	5
Perineal Repair	5
Breech presentation	2
Premature Twins	3
Total Number of cases admitted to Maternity Hospital	70
Delayed labour	14
Premature labour	7
Medical reasons complicating Pregnancy	9
Pre-eclamptic toxaemia	9
Disproportion	8
Ante Partum Haemorrhage	9
Post Partum Haemorrhage	1
Malpresentation	6
Foetal Distress	3
Twin Breech Presentation (Primigravida)	1
Hydatidiform Mole	1
Intra uterine death	1
Abortion	1
From the above 70 cases, 34 were dismissed to Maternity Service in early Puerperium.	
Total Number of Natal Visits paid (first 14 days of Puerperium)	9,410
Total Number of Ante-Natal visits	8,327
Total Number of Domiciliary visits	5,816
Total Number of Doctors' Ante-Natal visits	2,509
Total Number of Clinic Visits	2
Total Number of Post-Natal visits paid (3rd and 4th week of puerperium)	1,855
Total Number of Domiciliary visits	1,170
Total Number of Doctors' Post-Natal visits	685
Total Number of Clinic visits	-
Total Number of Infants born	507
Total Number of Live Infants born	500
Total Number of Still Births	7
Total Number of Twins born	3 sets

DOMICILIARY MIDWIFERY SERVICE *(continued)*

Causes of Still Births -	
Prematurity	2
Intra uterine death of Foetus	3
Spina Bifida and Hydrocephalus	1
Asphyxia Pallida	1
Total Number of Neonatal deaths	7
Causes of Neonatal deaths -	
Atelectasis	3
?Congenital Cardiac condition	1
Cerebral Haemorrhage	1
Spina Bifida and Hydrocephalus	1
?Acute Septicaemia	1
Maternal Deaths	-
Still Birth Rate -	
7 Still Births in 504 deliveries	1.38%
Neonatal Death Rate -	
7 in 500 Live Births	1.40%
Number of Patients in labour to whom Gas and Air Analgesia was given	410
Number of Patients in labour to whom Pethidine was given	369
Number of Patients admitted to Royal Alexandra Infirmary - Peritonitis	1

TABLE No. 18

HEALTH VISITING

	First Visits	Total Visits
Expectant Mothers	380	691
Children under 1 year of age	2,279	12,820
Children between age 1 - 5 years	3,386	13,391
Tuberculosis Cases	1,015	1,754
Other Cases (mainly Infectious Diseases)	1,370	1,372
Totals	*8,430*	*30,028*

TABLE No. 19

HOME NURSING SERVICE

Number of Patients			Number of Visits			Age		Termination of Case			
Male	Female	Total	Male	Female	Total	- 65 years	65 and over	Convalescent	Transfer to Hospital	Died	Continued
230	546	776	4,524	18,890	23,414	475	301	471	75	112	118

TABLE No. 20

DOMESTIC HELP SERVICE

	Number of New Cases dealt with				Number of New Cases in which full cost borne by applicant				Average Number of Hours per Case per week			
	Mat.	Gen. Ill.	Tub.	Aged	Mat.	Gen. Ill.	Tub.	Aged	Mat.	Gen. Ill.	Tub.	Aged
JANUARY												
Full-time	8	3	-	1	-	-	-	-	45	43	-	43
Part-time	1	5	3	7	2	2	-	1	23	23	28	23
FEBRUARY												
Full-time	5	1	-	2	-	-	-	1	44	43	-	42
Part-time	-	7	-	5	-	1	-	-	-	25	-	24
MARCH												
Full-time	8	2	-	2	2	1	-	-	46	45	-	43
Part-time	2	6	1	10	1	5	-	2	25	23	28	24
APRIL												
Full-time	9	2	1	2	-	-	-	1	45	43	40	43
Part-time	-	3	-	7	-	1	-	1	-	23	-	23
MAY												
Full-time	6	1	-	2	-	-	-	-	45	43	-	43
Part-time	2	2	-	8	2	-	-	2	23	23	-	25
JUNE												
Full-time	3	1	1	1	-	1	-	-	46	43	48	43
Part-time	2	3	-	7	1	1	-	-	28	23	-	23
JULY												
Full-time	4	1	-	4	-	1	-	1	48	43	-	43
Part-time	-	1	-	6	-	1	-	1	-	23	-	24
AUGUST												
Full-time	6	-	-	1	1	-	-	-	46	-	-	43
Part-time	2	3	-	9	-	2	-	2	23	21	-	24
SEPTEMBER												
Full-time	9	2	-	2	1	1	-	1	43	44	-	43
Part-time	3	3	2	8	-	1	-	-	25	25	23	23
OCTOBER												
Full-time	5	1	-	1	1	-	-	1	43	45	-	43
Part-time	1	-	1	7	1	-	-	1	25	-	28	24
NOVEMBER												
Full-time	9	2	-	3	-	1	-	2	46	43	-	43
Part-time	2	4	2	9	-	1	-	1	28	23	23	23
DECEMBER												
Full-time	7	1	-	1	1	1	-	-	45	43	-	43
Part-time	8	2	1	8	1	2	-	2	23	20	20	23

DOMESTIC HELP SERVICE *(continued)*

TOTAL NUMBER OF CASES DEALT WITH

		Maternity	General Illness	Tuberculosis	Aged
JANUARY	Full-time ...	11	10	2	7
	Part-time ...	1	14	6	28
FEBRUARY	Full-time ...	6	10	1	11
	Part-time ...	2	17	5	29
MARCH	Full-time ...	10	6	1	13
	Part-time ...	2	21	3	34
APRIL	Full-time ...	13	4	2	11
	Part-time ...	1	14	2	38
MAY	Full-time ...	9	5	2	13
	Part-time ...	3	12	3	25
JUNE	Full-time ...	7	6	3	14
	Part-time ...	3	10	2	35
JULY	Full-time ...	7	7	2	16
	Part-time ...	-	11	2	33
AUGUST	Full-time ...	8	5	1	11
	Part-time ...	2	8	2	34
SEPTEMBER	Full-time ...	11	5	1	10
	Part-time ...	5	9	4	38
OCTOBER	Full-time ...	9	5	1	12
	Part-time ...	1	8	4	38
NOVEMBER	Full-time ...	11	8	1	12
	Part-time ...	2	8	4	44
DECEMBER	Full-time ...	14	9	1	12
	Part-time ...	4	8	3	41

TABLE No. 21

VACCINATION AGAINST SMALLPOX

	Typical Vaccinia greatest at 7th - 10th day	Accelerated (Vaccinoid) reaction 5th - 7th day	Reaction greatest 2nd - 3rd day	No local reaction	Total
Primary ...	725	-	11	36	772
Re.Vaccination	181	29	84	36	330

TABLE No. 22

DIPHTHERIA IMMUNISATION - PRIMARY INOCULATIONS

Year of Birth	At Local Health Authority Clinics and Nurseries	At Schools	By General Medical Practitioners	Total
1939 or earlier	12	-	-	12
1940	9	-	-	9
1941	-	-	-	-
1942	-	-	-	-
1943	-	-	-	-
1944	-	-	-	-
1945	-	-	-	-
1946	-	-	1	1
1947	-	-	2	2
1948	1	-	5	6
1949	15	-	16	31
1950	23	-	15	38
1951	29	-	23	52
1952	71	-	90	161
1953	246	-	507	753
1954	29	-	52	81
Totals	*435*	-	*711*	*1,146*

TABLE No. 23

DIPHTHERIA IMMUNISATION - MAINTENANCE INOCULATIONS

Year of Birth	At Local Health Authority Clinics	At Schools	By General Medical Practitioners	Total
1938 or earlier	-	-	-	-
1939	-	-	-	-
1940	-	-	-	-
1941	-	-	-	-
1942	-	-	1	1
1943	-	-	1	1
1944	-	-	4	4
1945	-	-	5	5
1946	-	-	5	5
1947	3	-	15	18
1948	8	-	29	37
1949	9	-	63	72
1950	1	-	2	3
1951	-	-	-	-
1952	-	-	-	-
1953	-	-	-	-
1954	-	-	-	-
Totals	*21*	-	*125*	*146*

TABLE No. 24

B.C.G. VACCINATION

	Tuberculin Tested		Negative Reactors		Successfully Vaccinated	
	Male	Female	Male	Female	Male	Female
Nurses	-	6	-	6	-	6
Medical Students ...	-	-	-	-	-	-
Contacts	107	114	47	53	40	48
School-leavers ...	660	646	223	252	221	250
Totals	*767*	*766*	*270*	*311*	*261*	*304*

TABLE No. 25

SCHOOL HEALTH SERVICE

SCHOOL SESSION 1st AUGUST 1953 to 31st JULY 1954

GENERAL STATISTICS -		
Population of Area (Paisley)		94,530
Number of Primary Schools under Education Authority ...		11
Number of Secondary Schools under Education Authority ...		11
Number of Special Schools serving the Area		4
Number of Special classes in Ordinary Schools		-
Number of Children on the Registers		19,373
Number of Children in average attendance		16,763
CLINICAL STATISTICS -		
Number of Routine Medical Inspections:-		
Nursery Schools		52
Entrants		1,676
Born : 1944		1,405
1940		1,645
1937		209
1946 (Vision and Hearing only)		463
TOTAL NUMBER OF CHILDREN EXAMINED		*5,450*
Number of Re-examinations		1,722
Number of Non-Routine Examinations		9,453
Number of Home Visits		202
Number attending Medical Officers Clinic		1,247
Number examined for School Camps		802
	New Cases	Total Attendances
Number of Children treated at Minor Ailment Clinic for:-		
Injuries, Cuts, Bruises, etc.	95	327
Diseases of the Ear, Nose and Throat	192	1,720
Diseases of the Eye	188	803
Diseases of the Skin	1,122	5,995
Other Conditions	85	200
TOTALS	*1,682*	*9,045*